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**CITY OF MILPITAS  
FAMILY CHILD CARE ASSISTANCE FUND**

**PURPOSE:**

The purpose of this fund is to increase program quality in Milpitas family child care homes. By submitting a grant request to the City, approved Milpitas family child care providers have the opportunity to purchase services and supplies which will create safer and more enriching environments for children. A family child care home is defined as a business, licensed to provide child care services in the provider's primary residence. All family child care homes are described as small or large, depending on the number and ages of children cared for, but can serve no more than 14 children. The City of Milpitas' Child Care Master Plan, adopted April 2002, introduces the vision "Quality Child Care: an investment in the future of children, families and our community." Since its inception in 1996, this grant fund has supported this vision by investing in quality improvements for Milpitas family child care providers.

**ELIGIBILITY REQUIREMENTS:**

1. The family child care home must be located within the Milpitas City limits.
2. Individuals requesting funds must possess a valid family child care home license issued by the Department of Social Services Community Care Licensing Division. Applicants must attach a copy of the current license to the grant application. Individuals who possess provisional, suspended or revoked licenses shall not be eligible for funding assistance.
3. Individuals requesting funds must have been providing licensed family child care within the Milpitas City limits for a minimum of one year.
4. Effective fiscal year 2004/2005, individuals are eligible to receive funding for a maximum of three consecutive years. Providers caring for special needs children are exempt from this requirement.
5. Applicants who have received grant funding in prior fiscal years must have completed the required documentation to be considered for funding in subsequent years. Applicants with incomplete documentation from prior years will not be considered for funding until the required paperwork has been submitted.

## **FUNDING PRIORITIES:**

### **First priority will be given:**

1. To support the care and supervision of special needs or developmentally delayed or disabled children. Acceptable expenditures include (but are not limited to) fees for professional environmental assessments, the purchase of specialized toys and equipment and facility modifications.

### **Second priority will be given:**

1. For services and supplies, which enhance the program quality of the family child care home.
2. For supplies and equipment, which promote the health and safety of the children.
3. To support the providers' continuing education in the field of early childhood education and development. Examples of appropriate expenditures include workshop fees, college course tuition and training seminar costs.
4. For fees and costs associated with Accreditation and quality assessment tools. Quality child care assessment programs sponsored by nationally recognized organizations shall be eligible for funding, such as the National Association for the Education of Young Children (NAEYC) and the National Family Child Care Association (NAFCC). Program and membership fees as well as recommended quality enhancement supplies are permitted under this funding category.

### **Funding will not be given:**

1. For ongoing salary cost for substitute staff, when provider replacement is needed.
2. For purchasing materials and equipment which do not have a direct influence on program quality.
3. For college course tuition reimbursement for classes that do not directly relate to child development, the care and supervision of children, interacting with families, or the management of a small business.

### **FISCAL LIMITS AND CONDITIONS:**

1. The maximum amount for any Family Child Care Assistance Fund Grant is \$500.00 per fiscal year.
2. The Parks, Recreation, and Cultural Resources Commission may recommend any amount deemed appropriate, which may be less than or up to the full \$500.00 annual limit.
3. Individuals who have received grants and whose licenses are subsequently revoked or suspended for any reason shall report such revocation or suspension to the child care coordinator promptly. Such providers will not be eligible for further grant assistance until their license has been fully reinstated. In addition, individuals whose licenses are revoked or suspended shall return any unexpended grant funds to the coordinator.
4. Should a family child care program operating with grant assistance under this program cease operations for any reason, the grant recipient shall likewise return unexpended grant funds to the City of Milpitas through the coordinator.

### **APPLICATION PROCESS:**

1. The applicant requests a Family Child Care Assistance Fund Grant packet from the City of Milpitas Recreation Services, 457 E. Calaveras Blvd, Milpitas, CA 95035, (408) 586-3210.
2. The applicant reviews the Policies and Procedures, completes the application for funding and attaches a copy of their current family child care license issued by Community Care Licensing. Applicant shall indicate how the proposed services or supplies will impact program quality.
3. The applicant submits the completed application to the City of Milpitas Recreation Services, 457 E. Calaveras Blvd., Milpitas, CA 95035, Attention: Child Care Coordinator.
4. Staff reviews the application and places the item on the agenda for the next Parks, Recreation and Cultural Resources Commission meeting, generally within 45 days of receipt. Staff notifies the applicant regarding application conformance to guidelines, timeline for meetings and process for grant funding.

5. Applicant must attend the Parks, Recreation and Cultural Resources Commission meeting in order to be available to answer any questions the Commission may have regarding the application. Applicants who do not attend the meeting will not have their request reviewed. Instead, the application will be agendaized for consideration the following meeting. Commission meetings are generally held the first Monday of every month.
6. The Commission considers applications and recommends grant awards in the order the applications are received, until all allocated funds for the fiscal year are expended. The fiscal year begins in July and ends in June.
7. The Commission's recommendations are forwarded to the City Council for final approval.
8. Upon City Council approval, the grantee meets with staff to enter into a contract with the City. Funding is treated as a contract service. The grantee signs the Family Child Care Assistance Fund Grant Acceptance Form upon receipt of payment. This form verifies that the grantee has received the funding, and that he/she agrees to spend the funds on the purposes listed in their approved grant application. Staff and the grantee both receive a copy of the signed agreement.
9. Grantee completes the Family Child Care Assistance Fund Grant Press Release Consent form, indicating whether or not the grantee approves of media coverage of the grant. The press release information will include non-confidential information only, such as the name of the grantee and the approved services or supplies to be purchased. The address of the provider will not be disclosed.
10. Within one year of the receipt of the grant, the grantee submits a Family Child Care Assistance Fund Grant Final Report, indicating how the funding assisted with program quality enhancements. Copies of receipts are attached to the Final Report to verify that the funds were spent in accordance with the approved application. The grantee submits the required documentation to the City of Milpitas Recreation Services, 457 E. Calaveras Blvd., Milpitas, CA 95035, Attention: Child Care Coordinator.
11. Should the grantee fail to submit documentation within the one-year timeline, staff will mail a reminder letter indicating which items are missing. Grantees shall not be eligible for subsequent funding until the City has received all of the required documentation for the current grant.

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Department of Social Services Community Care Licensing Facility #: \_\_\_\_\_

: Please attach a copy of your license to this application :

Date License first issued: \_\_\_\_\_

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

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2. Amount you are requesting \$ \_\_\_\_\_

3. How many children are currently enrolled in your program? \_\_\_\_\_

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

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**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

5. In order to understand your client population, please indicate number of **families** served per category:
- \_\_\_\_\_ Parent(s) live and work in Milpitas
  - \_\_\_\_\_ Parent(s) live in Milpitas but work in another City
  - \_\_\_\_\_ Parent(s) live in another City but work in Milpitas
  - \_\_\_\_\_ Parent(s) do not live or work in Milpitas
6. Do you currently belong to any Professional Child Care Associations? Please list.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
7. What hours are you open to provide child care services?
- \_\_\_\_\_ AM to \_\_\_\_\_ PM
- Days of the week: \_\_\_\_\_
8. Is your program accredited? \_\_\_\_\_
- If yes, by what organization? \_\_\_\_\_
- If no, do you have plans to become accredited? \_\_\_\_\_
9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
10. What is your alternative plan if City funding is not granted or if granted at a reduced level?
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
11. Please list all of the previous years you have received grant funding from the City of Milpitas.
- \_\_\_\_\_
- \_\_\_\_\_
12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

# Family Child Care Assistance Fund Grant Applications Matrix FY 2005/2006

## Funding Allocation Recommendation Conceptual Framework

Tier One: Services Special Needs Children - recommend full funding \$500

Tier Two: Never before funded - recommend fund at \$475

Tier Three: Funded one prior year - recommend fund at \$450

Tier Four: Funded two or more prior years - recommend fund at \$400

Provider Name & Date Application Received	Funding Request & Tier & Recommendation	Grant Years Funded	Special Needs children enrolled?	Grant request for what services/supplies?
Judy Ligon 7/7/05	\$500  Tier Four \$400	96/97, 99/00, 01/02, 02/03, 03/04, 04/05	No	Swing set
Donna Egusa 7/11/05	\$500  Tier Four \$400	99/00, 00/01, 01/02, 02/03, 03/04, 04/05	No	Indoor and outdoor craft supplies for pre-K and school age children to age 12. Craft books, Painting supplies including easel, paints, brushes, containers, paper, finger paint and drying rack.
Elba B. Chagolla 7/12/05	\$500  Tier Three \$450	04/05	No	Bikes and tricycles, big books set and a sand and water table.
Sherry Clanton 7/12/05	\$500  Tier Four \$400	96/97, 97/98, 98/99, 99/00, 00/01, 01/02, 02/03, 03/04, 04/05	A few children are slower at learning	Mother Goose Times preschool program, a wagon, books, paints, portable crib, some booklets from "Handwriting without Tears", balls, music CDs, dolls, trucks, fantasy dress up clothes, storage units, games for school age children, computer and board games.
Phyllis Corriea 7/12/05	\$500  Tier Four \$400	99/00, 01/02, 04/05	No	More memory for children's computer, learning CDs and outside playyard materials and toys.
Mercedes Bilbao	Provider requested to have application removed from consideration.			
Rosa Ruiz 7/14/05	\$500  Tier Four \$400	99/00, 01/02, 03/04	No	Bassinet, linens, high chairs, stroller, toys, dressing table and crib (these would be replacements of old materials).
Sik Kwok 7/18/05	\$500  Tier Three \$450	04/05	No	Children's books, video movies, bed sheets and baby chairs.

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Provider Name & Date Application Received	Funding Request & Tier & Recommendation	Grant Years Funded	Special Needs children enrolled?	Grant request for what services/supplies?
Kim Lagman 7/18/05	\$500  Tier Four \$400	96/97, 97/98, 98/99, 99/00, 00/01, 01/02, 02/03, 03/04, 04/05	No	Mother Goose Preschool Program, wagon, and playhouse.
Fauzla Salim 7/22/05	\$500  Tier One \$500	04/05	Yes -one child has Downs Syndrome	Learning and art materials, camera for family scrapbooks, and college tuition assistance.
Yan Ding 8/5/05	\$500  Tier Four \$400	96/97, 98/99, 99/00, 00/01, 01/02, 02/03, 03/04, 04/05	No	Reading books, children's work books, learning materials, indoor toys for all ages, and a children's long table with chairs.
Samiha (Suzie) Samawi 10/5/05	\$500  Tier Four \$400	96/97, 97/98, 98/99, 99/00, 00/01, 02/03, 03/04, 04/05	No	Some things convenient for child care provider and kid's safety (stroller, high chairs, books, learning and educational materials).
Francisca Diaz 10/6/05	\$500  Tier Three \$450	04/05	No	Playground equipment, sand to cover the ground, slides and riding equipment and jumping blocks.
Nasreen Mohammed 10/14/05	\$1500  Tier Two \$475	None	No	Shutter for deck for shade for children, also educational toys and art activities.
Hong Tang 10/18/05	\$1500  Tier Two \$475	None	No	Capacity increased from 8 to 14, so need: 2 toddler beds with cover sheets, 2 toddler chairs, 2 boosters, 2 playing cars, 1 playhouse, 1 playpen, carpet, and additional toys. Next year will need: additional beds, chairs, tables, toys, books and music tapes.
Total Funds Requested	\$9000			
Total Funds Recommended	\$6000			

#### **Tier Allocation Recommendation Summary**

Tier One: 1 provider x \$500= \$ 500  
 Tier Two: 2 providers x \$475= \$ 950  
 Tier Three: 3 providers x \$450= \$1350  
 Tier Four: 8 providers x \$400= \$3200  
 Total Recommended Allocation= \$6000



**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Elba B Chagolla

Address: 1467 Fonta Inblettve

City: Milpitas State: CA Zip: 95035

Home Telephone: (408) 942-8782 Email: \_\_\_\_\_

Department of Social Services Community Care Licensing Facility #: 434406608  
: Please attach a copy of your license to this application :

Date License first issued: 5-30-03

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I would like to purchase bikes and tricycles,  
a big books set or a sand and water table.  
My first choices are the bikes and tricycles  
for the back yard. It will help with large motor develop  
ment, also children will be more encourage to use  
pedals.

2. Amount you are requesting \$ 500

3. How many children are currently enrolled in your program? 10 7

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

no not at this time.

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**received** 1060804  
7/12/05 (10)

5. In order to understand your client population, please indicate number of **families** served per category:

- 1 Parent(s) live and work in Milpitas  
5 Parent(s) live in Milpitas but work in another City  
   Parent(s) live in another City but work in Milpitas  
2 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Milpitas Alliance for Better Child Care - ~~the~~

7. What hours are you open to provide child care services?

7:00 AM to 6:00 PM

Days of the week: M - T - W - Th - F -

8. Is your program accredited? no

If yes, by what organization? NA

If no, do you have plans to become accredited? I don't know what to do to become accredited.

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

ECCERS + Emergent Experiences Activities  
High Scope preschool Key experiences.

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

~~I will~~ The materials will be purchase  
when I save enough.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

2004, last year.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

Yes I do have Liability Insurance.

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Sherry Clanton  
Address: 226 Greenlee Way  
City: Milpitas State: Ca. Zip: 95035  
Home Telephone: 408-263-6879 Email: shariden@comcast.net  
Department of Social Services Community Care Licensing Facility #: 430751783  
\* Please attach a copy of your license to this application \*  
Date License first issued: 1982

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

For the preschool program  
mother, I use. I need this grant  
will help me to teach and prepare  
these children for school. I would  
like to purchase a wagon, books,  
paints and maybe a poster crib.  
I also some booklets from handouts without  
tears - some balls, music CDs, dolls  
trucks, Fantasy dress up clothes - Stinger  
units. Games for school age children, Computer + Board  
game.

2. Amount you are requesting \$ \$500.00

3. How many children are currently enrolled in your program? 5

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

I do a few children that are slower  
at learning. Just I just spend a  
little more time teaching them with  
the age - school program I order and  
other tools - like flash cards, sign  
language tapes, etc.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**received**  
7/12/05 (60)

5. In order to understand your client population, please indicate number of **families** served per category:

3 Parent(s) live and work in Milpitas  
1 Parent(s) live in Milpitas but work in another City  
1 Parent(s) live in another City but work in Milpitas  
     Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Milpitas Alliance For Better Childcare.

7. What hours are you open to provide child care services?

7:00 AM to 5:15 PM

Days of the week: Monday through Friday

8. Is your program accredited? NO

If yes, by what organization?     

If no, do you have plans to become accredited? NO

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

I adhere to community care licensing regulations  
I provide a pre-school program to get children ready  
for Kindergarten  
I provide field trips to The Library.

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

Maybe ask the parents for funding.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

Been receiving grants since 1996  
and thank you so much.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

I do not have Liability insurance but I  
have parents sign an Affidavit about this  
I also keep my childcare environment as safe  
as possible.

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Phyllis Corriea  
Address: 284 Corning Avenue  
City: Milpitas State: CA Zip: 95035  
Home Telephone: 408-263-8031 Email: PhyllisCorriea@Aol.com  
Department of Social Services Community Care Licensing Facility #: \_\_\_\_\_  
: Please attach a copy of your license to this application :  
Date License first issued: \_\_\_\_\_

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Last year I was able to purchase a computer and soft wear - The kids love it and don't even know they are learning. So I would like to purchase more memory - and a few more C'd's for the older kids with any monies left over I would like to add to the playard a lot of the outside toys need to be replaced.

2. Amount you are requesting \$ 500.00  
3. How many children are currently enrolled in your program? 9  
4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

None at this time

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**received** Tsl060804  
7/12/05 (844)

5. In order to understand your client population, please indicate number of **families** served per category:

3 Parent(s) live and work in Milpitas  
2 Parent(s) live in Milpitas but work in another City  
1 Parent(s) live in another City but work in Milpitas  
3 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

yes - But I can't remember their name right - they are located on Fish, in B.S.

7. What hours are you open to provide child care services?

6:30 AM to 5:30 PM  
Days of the week: Mon - Fri

8. Is your program accredited? NO

If yes, by what organization? 0

If no, do you have plans to become accredited? NO

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

Common sense, love and understanding. We have a program for 3-4 year olds - to learn colors, numbers, to follow directions and to write their names, and remember their phone numbers. Kindergarten ready - next

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

to continue as I am and do what I can when I can - it always works out

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

2004, 2003, 2002 I'm not sure.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

yes I have insurance for Daycare.

TopA Insurance Co.  
Policy # DCHW CA DC Insurance Services Hdl.  
2545962 16601 Ventura Blvd - Suite 500  
Encino, CA 91436-1921

Please attach a copy of your current license issued by the Department of Social Services Community Care Licensing.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Francisca Diaz  
Address: 255 Krismen St  
City: Milpitas State: Ca Zip: 95035  
Home Telephone: (408) 586 8550 Email: Divino Shephendclaycano@comcast.net  
Department of Social Services Community Care Licensing Facility #: 434406584  
: Please attach a copy of your license to this application :  
Date License first issued: Feb - 11, 2002

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Playground equipments - Bands to cover the ground.  
slides and slides to develop balancing.  
jumping blocks - to develop motor gross  
of the child. also.

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 14

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

No

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

3 Parent(s) live and work in Milpitas  
4 Parent(s) live in Milpitas but work in another City  
2 Parent(s) live in another City but work in Milpitas  
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Yes 4 C's Community Child Care Council of Santa Clara County, Inc  
Milpitas Alliance for Better Childcare  
Raft - Resource Area for Teachers  
United Child Care Union

7. What hours are you open to provide child care services?

6:00 AM to 6:00 PM

Days of the week: 5 days Monday to Friday

8. Is your program accredited?

If yes, by what organization? NAEYC (under evaluation)

If no, do you have plans to become accredited? Yes

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

Save money for the propose project

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

2004 only

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

Yes

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**

Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Ding Yan

Address: 919 Decoto Ct.

City: Milpitas State: Ca. Zip: 95035

Home Telephone: (408) 942-6911 Email: \_\_\_\_\_

Department of Social Services Community Care Licensing Facility #: 14

• Please attach a copy of your license to this application •

Date License first issued: 3/30/04

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I am going to buy some <sup>reading</sup> books, children work books and other  
lean materials. I am also going to buy some indoor toys for all ages.  
If I have enough money, I will buy a long table with chairs for  
kids. These things will help children learning more knowledge  
and have more fun

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 14

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

No.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

24 Parent(s) live and work in Milpitas  
       Parent(s) live in Milpitas but work in another City  
  4   Parent(s) live in another City but work in Milpitas  
       Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

4-C

7. What hours are you open to provide child care services?

  8   AM to   7   PM

Days of the week: Mon ~ Fri.

8. Is your program accredited? NO.

If yes, by what organization?       

If no, do you have plans to become accredited? NO.

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

ECERS-R Scale

43 items inspection standard to ensure program quality.

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

I only buy some books and other learning materials for kids.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

2001, 2003, 2004

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

I am going to have liability Insurance.

**Please attach a copy of your current license issued by the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Donna Egusa w/ Egusa Family Daycare  
Address: 1771 Tahoe Drive  
City: Milpitas State: CA Zip: 95035  
Home Telephone: 263-7136 Email: DAVE EGUSA@SBC Global.Net  
Department of Social Services Community Care Licensing Facility #: 434400954  
• Please attach a copy of your license to this application •  
Date License first issued: 9/14/94

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Indoor and outdoor craft supplies for  
pre-K and school age children to age 12 yrs.  
craft books for new ideas.

Painting supplies including ~~base~~ <sup>(SP)</sup> Easel, paints,  
brushes, containers & paper and finger paints,  
drying rack for artwork.

2. Amount you are requesting \$ 500<sup>00</sup>  
3. How many children are currently enrolled in your program? 12 + 2  
4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

3 Parent(s) live and work in Milpitas  
4 Parent(s) live in Milpitas but work in another City  
2 Parent(s) live in another City but work in Milpitas  
2 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

4 C2  
Milpitas Daycare Alliance

7. What hours are you open to provide child care services?

6 AM to 6 PM

Days of the week: 5 M-F

8. Is your program accredited? no

If yes, by what organization? \_\_\_\_\_

If no, do you have plans to become accredited? no

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

N/A

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

gradually add items to my inventory

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

previous 5 yrs. I believe

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

yes - (1) million dollars liability

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Sik Kook

Address: 1535 Yosemite Dr

City: Milpitas State: CA Zip: 95035

Home Telephone: (908) 934-9312 Email: N/A

Department of Social Services Community Care Licensing Facility #: 634406427  
: Please attach a copy of your license to this application :

Date License first issued: October, 2002

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

The fund use to purchase children  
books, video movies, bed sheets, baby chairs  
and bed sheets.

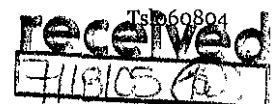
2. Amount you are requesting \$ 500<sup>00</sup>

3. How many children are currently enrolled in your program? 8

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

No special needs for children.

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

- 4 Parent(s) live and work in Milpitas  
3 Parent(s) live in Milpitas but work in another City  
2 Parent(s) live in another City but work in Milpitas  
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

City of Milpitas Recreation Service  
Child Care program

7. What hours are you open to provide child care services?

8:00 AM to 7:00 PM

Days of the week: 5 days (M-F)

8. Is your program accredited? Yes

If yes, by what organization?

City of Milpitas Recreation Service

If no, do you have plans to become accredited?

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

Assure high quality - play area and toys

- cleanliness

- nutritious meals 3 times a day

- rest, playtime and naps

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

I do not have any alternative plan.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

2004

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

yes

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**

Toby Librande, City of Milpitas Child Care Coordinator

457 E. Calaveras Blvd., Milpitas, CA 95035

(408) 586-3203

Tslo60804

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Kuni Hagman

Address: 221 Greentree Way

City: Milpitas State: Ca Zip: 95035

Home Telephone: 263 2041 Email: \_\_\_\_\_

Department of Social Services Community Care Licensing Facility #: 430757017

\* Please attach a copy of your license to this application \*

Date License first issued: 12.05.94

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Mother Goose times is a preschool program.  
Participating in a wide variety of stimulating, educational  
activities. 10 months is 3990.00

Wagon for walking to the park  
play house

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 6

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

1 Parent(s) live and work in Milpitas  
3 Parent(s) live in Milpitas but work in another City  
2 Parent(s) live in another City but work in Milpitas  
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Milpitas

7. What hours are you open to provide child care services?

7:00 AM to 5:30 PM  
Days of the week: Mon - Fri

8. Is your program accredited? no

If yes, by what organization?

If no, do you have plans to become accredited? not at this time

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

We will not have or will ask the parents to pay for preschool program.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

yes

**Please attach a copy of your current license issued by the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

Tsl060804



**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Judy LIGON

Address: 1190 Burdett WAY

City: Milpitas State: CA Zip: 95035

Home Telephone: 946-4420 Email: \_\_\_\_\_

Department of Social Services Community Care Licensing Facility #: 430757685  
\* Please attach a copy of your license to this application \*

Date License first issued: 10-19-92

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I would like to replace my swingset

It would make the backyard safe from equipment falling apart

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? Six children

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

NONE of the children have special needs at this moment.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



5. In order to understand your client population, please indicate number of **families** served per category:

3 Parent(s) live and work in Milpitas  
       Parent(s) live in Milpitas but work in another City  
       Parent(s) live in another City but work in Milpitas  
3 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

4C's Rose's Development Center milpitas Alliance

7. What hours are you open to provide child care services?

7:00 AM to 5:30 PM

Days of the week: Monday to Friday

8. Is your program accredited? no

If yes, by what organization? none

If no, do you have plans to become accredited? no

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

NONE

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

save FUNS

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

Five years

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

STATE FARM

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Nasreen's Helping Hands  
Address: 832 Russell Lane  
City: Milpitas State: CA Zip: 95035  
Home Telephone: 408 262-5582 Email: javed\_mohammed@hotmail.com  
Department of Social Services Community Care Licensing Facility #: 434407499  
⚠ Please attach a copy of your license to this application ⚠  
Date License first issued: 11/4/03

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Want to buy shutter for deck. This will allow children  
shade and play outside longer.  
Also buy educational toys, so children play & learn.  
and more Art Activities.

2. Amount you are requesting \$ 1500 - 00 (or whatever I can get)

3. How many children are currently enrolled in your program? 4.

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

No.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

Nasreen Mohammed



5. In order to understand your client population, please indicate number of **families** served per category:

1 Parent(s) live and work in Milpitas  
3 Parent(s) live in Milpitas but work in another City  
Parent(s) live in another City but work in Milpitas  
Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Raising a Reader, & 4C's

7. What hours are you open to provide child care services?

7:30 AM to 5:30 PM  
Days of the week: Mon - Fri

8. Is your program accredited? No

If yes, by what organization?

If no, do you have plans to become accredited? Yes (TBO)

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

I will put rest of money in

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

0

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

Yes. with Allstate.

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**

Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Rosa M. Ruiz

Address: 424 Heath St.

City: Milpitas State: CA Zip: 95035

Home Telephone: 408-945-6399 Email: 170179

Department of Social Services Community Care Licensing Facility #: 434402922  
: Please attach a copy of your license to this application :

Date License first issued: 04-29-98

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

bassinet, toys, dresser, dressing table, high chairs, crib, stroller } replacement of old materials  
These will be purchased by the parents, especially grant came from city of Milpitas and they will see that the materials I have are most needed by the kids.

2. Amount you are requesting \$ 500.00 Thank You again for this GRANT Rose
3. How many children are currently enrolled in your program? five (5) children
4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

170179

The parents are grateful to learn of your grant.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

received  
7/14/05 (50) 60804

5. In order to understand your client population, please indicate number of **families** served per category:

\_\_\_\_ Parent(s) live and work in Milpitas  
1 Parent(s) live in Milpitas but work in another City  
3 Parent(s) live in another City but work in Milpitas  
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Milpitas Child Care Assn.  
Milpitas Alliance

7. What hours are you open to provide child care services?

6:00 AM to 6:00 PM  
Days of the week: 5 days

8. Is your program accredited? \_\_\_\_\_

If yes, by what organization? \_\_\_\_\_

If no, do you have plans to become accredited? \_\_\_\_\_

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

Varied activities  
playing, singing, dancing, counting  
drawing & many more

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

We will appeal to the City Govt of  
Milpitas, because of the high  
cost of running & grants are help paid to  
child care centers is the from my own pocket

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

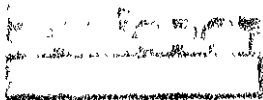
3 times already (but I can't remember  
the years)

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

before I had but I don't have now because  
my kids are part-time only, I'll try to  
have this year.

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Fauzia Salim

Address: 706 Clauser Dr

City: Milpitas State: CA Zip: 95035

Home Telephone: (408) 946-6023 Email: fw.salim@yahoo.com

Department of Social Services Community Care Licensing Facility #: 434406410  
\* Please attach a copy of your license to this application \*

Date License first issued: 08/19/07

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

I wish to purchase learning and art materials for the children which will improve their participation and help participate with one another. Secondly I'd like to buy a camera with which I can use to develop more quality pictures for the scrapbooks I'd like to make for each family. Lastly I'd like the grant to help pay for part of my collage tuition. If I can take more classes I'll be more informed and more able to take care of the children.

2. Amount you are requesting \$ 500.00

3. How many children are currently enrolled in your program? 6 children

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

Yes, one girl has down syndrome. With the grant money I'll be able to buy her more developmental toys. She rather enjoys picture books but destroys within minutes. I was hoping to buy her "indestructible" books. Hopefully she will become more involved with the other children with the aid of the grant and myself.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**received**  
7/22/08 (12) 60804

5. In order to understand your client population, please indicate number of **families** served per category:

4 Parent(s) live and work in Milpitas  
1 Parent(s) live in Milpitas but work in another City  
1 Parent(s) live in another City but work in Milpitas  
Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

My program belongs to The City of Milpitas for a better childcare.  
Also I am a member of Community College Inclusion Training.

7. What hours are you open to provide child care services?

8 AM to 6 PM  
Days of the week: Monday - Friday

8. Is your program accredited? yes by The Community College Inclusion  
If yes, by what organization? Training Collaborative.  
If no, do you have plans to become accredited?

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

I follow Developmentally appropriate curriculum, depending to  
their age and stage.

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

My alternative plan if my grant is not funded would be to just  
buy cheaper or used toys. If my grant is given at a reduced  
level I'll probably cut out the camera.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

I received grant funding previously in 2004.

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

No, I don't. The safety precautions I have are as following:  
I have safety gates at the bottom and top of each pair of steps/stairs.  
Also the children are always supervised by at least one adult.

**Please attach a copy of your current license issued by  
the Department of Social Services Community Care Licensing.**

**Please return completed application to:**  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203



**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Samiha (Suzie) Samaili

Address: 1253 Fallen Leaf Dr.

City: Milpitas State: CA Zip: 95035

Home Telephone: (408) 946-8173 Email: \_\_\_\_\_

Department of Social Services Community Care Licensing Facility #: \_\_\_\_\_

• Please attach a copy of your license to this application •

Date License first issued: Sept 1994

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Some thing convenient for  
child care provider - and kids safety  
stroller, high chairs, books, learning and  
educational materials

(per phone authorization)  
w/ Suzie 10/12/05

2. Amount you are requesting \$ 500 or more

3. How many children are currently enrolled in your program? 8

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

No

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

Ts 60804  
**received**  
10/13/05 (8)

5. In order to understand your client population, please indicate number of **families** served per category:

21 Parent(s) live and work in Milpitas  
2 Parent(s) live in Milpitas but work in another City  
1 Parent(s) live in another City but work in Milpitas  
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

No

7. What hours are you open to provide child care services?

5:00 AM to 6:30 PM

Days of the week: M-F

8. Is your program accredited?

If yes, by what organization?

If no, do you have plans to become accredited?

No

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

Not Applicable

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

Disappointed

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

Maybe 5 or more

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

No

**Please attach a copy of your current license issued by the Department of Social Services Community Care Licensing.**

**Please return completed application to:**

Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

licen - order on file Tslo60804

**City of Milpitas  
Family Child Care Assistance Fund  
Grant Application**

Name of Applicant: Hong Tang

Address: 1679 Shenandoah Ave.

City: Milpitas State: CA Zip: 95035

Home Telephone: (408) 262-0768 Email: yuge@sbcglobal.net

Department of Social Services Community Care Licensing Facility #: 434407747  
• Please attach a copy of your license to this application •

Date License first issued: 9/30/04

1. What services or supplies do you want to purchase? How will this enhance the program quality of your family child care home?

Because we ~~already~~ changed capacity from 8 to 14. So we need ~~to~~ buy  
2 more toddler bed and cover sheet. (total cost \$100.-) 2 more toddler chair  
(\$30) 2 more booster (\$60.-) 2 more playing car. (\$80.-) 1 playing house  
(\$200.-) It's all basic need for right now. Later on if we have more  
child come in we going need more of these. Also we need buy 1 more playpen  
(\$90) and a new carpet (\$375.- If we don't have enough money, we going  
buy it later.) and some more toys (\$100.-). All of these will help us  
to take care more kids And Next year. We'll need some more beds, chair  
table, toys and Books and music tape ....

2. Amount you are requesting \$ 1500.-

3. How many children are currently enrolled in your program? 9

4. Do any of the children have special needs or developmental delays? If so, please indicate how the grant funding will support their care and supervision.

No.

Please return completed application to:  
Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

**received**  
10/18/05 (5)

5. In order to understand your client population, please indicate number of **families** served per category:

2 Parent(s) live and work in Milpitas  
         Parent(s) live in Milpitas but work in another City  
6 Parent(s) live in another City but work in Milpitas  
1 Parent(s) do not live or work in Milpitas

6. Do you currently belong to any Professional Child Care Associations? Please list.

Yes, I'm Enrolled in 4c (Community Child Care Council of Santa Clara County)

7. What hours are you open to provide child care services?

8:00 AM to 7:00 PM  
Days of the week: 5 days (Mon ~ Fri)

8. Is your program accredited? No

If yes, by what organization?         

If no, do you have plans to become accredited? No

9. Please list measures, instruments or methods you use to ensure program quality (such as the ECCERS scale, NAEYC criteria, or NAFCC guidelines).

ECCERS

10. What is your alternative plan if City funding is not granted or if granted at a reduced level?

Take some money from profit, step by step, slowly get everything down.

11. Please list all of the previous years you have received grant funding from the City of Milpitas.

05

12. Do you have Liability Insurance? Indicate your safety precautions if no insurance coverage has been obtained.

Yes,

**Please attach a copy of your current license issued by the Department of Social Services Community Care Licensing.**

**Please return completed application to:**

Toby Librande, City of Milpitas Child Care Coordinator  
457 E. Calaveras Blvd., Milpitas, CA 95035  
(408) 586-3203

Tslo60804